

LONGITUDINAL STUDY OF AGING DANISH TWINS
1999

Us. 5336-3
February-April 1999

Text 1: I would like to start by asking you about your cohabitation.

0. What date were you born?

Day: _____ Month: _____ Year: _____

1. How many people live in your house apart from yourself?

Number of persons: _____

Filter 1: If the respondent lives alone..... 1 go to qu. 3
If the respondent lives with others 2 go to qu. 2

2. Do you live together with the following:

	Yes	No
a. Spouse	1	2
b. Common law wife/husband	1	2
c. Your twin	1	2
d. Other sisters/brothers	1	2
e. Child/Children	1	2
f. Parents	1	2
g. Other relatives	1	2
h. Close friend/friends	1	2
i. Nursing home	1	2
j. Sheltered accommodation	1	2
k. Others	1	2

Go to question 6

3. For how many years have you lived by yourself?

_____ (years)

4. Who was the last person you lived together with?

Spouse 01
Common law wife/husband 02
Your twin 03
Other sisters/brothers..... 04
Child/Children 05
Parents 06
Other relatives 07
Close friend/friends 08
Others..... 09

5. Why did you stop living together?

Death of cohabitant..... 1
Cohabitant moved
to nursing home or institution.....2
Divorce3
Disagreement.....4
Cohabitant went into another relationship.....5
Respondent moved to institution6
Other reasons7

Text 2: I will now ask you about your health

6. How do you consider your present health in general?

Excellent	1
Good.....	2
Acceptable	3
Poor	4
Very poor.....	5

7. Compared with other people at your age, how do you consider your health?

Better.....	1
The same	2
Poorer.....	3

8. Do you feel well enough to do what you like?

Yes, always	1
Yes, nearly always.....	2
Yes, now and then	3
No, hardly ever	4
No, never.....	5

9. Are you happy and satisfied with your life at present?

Yes, always	1
Yes, nearly always.....	2
Yes, now and then	3
No, hardly ever	4
No, never.....	5

10. Did a doctor ever tell you that you have/had any of the following diseases:

	No	Have had	Have now
a. Diabetes	3	2	1
b. Osteoarthritis.....	3	2	1
c. Rheumatoid arthritis	3	2	1
d. Gout (podagra)	3	2	1
e. Osteoporosis.....	3	2	1
f. Chronic bronchitis	3	2	1
g. Tuberculosis	3	2	1
h. Asthma	3	2	1
i. Cataract.....	3	2	1
j. Glaucoma	3	2	1
k. Sclerosis in your eye	3	2	1
l. Thrombosis in your eye	3	2	1
m. Meningitis	3	2	1
n. Inflammation of the brain	3	2	1
o. Parkinson's disease	3	2	1
p. Epilepsy.....	3	2	1
q. Migraine.....	3	2	1
r. Cancer, apart from skin cancer	3	2	1
s. Skin cancer.....	3	2	1
t. Stroke.....	3	2	1
u. Heart attack	3	2	1
v. Angina pectoris	3	2	1
w. Irregular heart rhythm.....	3	2	1
x. Treatment for hypertension with medicine bought on prescription	3	2	1
y. Other heart problems	3	2	1
z. Wet lungs	3	2	1
æ. Varicose veins.....	3	2	1
ø. Bad blood circulation in your legs.....	3	2	1
å. Gallstone.....	3	2	1
aa. Jaundice	3	2	1
bb. Treatment of gastric ulcer with medicine bought on prescription	3	2	1
cc. Treatment of gastric ulcer with operation.....	3	2	1
dd. Kidney disease	3	2	1
ee. Kidney stones	3	2	1
ff. Increased metabolism (Basedow's disease).....	3	2	1
gg. Decreased metabolism (myxødema).....	3	2	1
hh. Enlargement of the thyroid gland (goiter/struma)	3	2	1

ii. Other diseases of the thyroid gland	3	2	1
jj. Slipped disc	3	2	1
kk. Mental disorders.....	3	2	1

11. Did you ever experience, or do you at present suffer from:

	Yes	No
a. Paralysis of arms or legs?.....	1	2
b. Chronic leg sore?	1	2
c. Amputation of leg, part of leg or foot?	1	2

12. Did you fracture a bone after the age of 40?

Yes	1	
No	2	Go to Qu. 13

Where did you have the fracture?

<i>rings allowed)</i>	<i>Number</i>	<i>(more</i>
a. Hip	1	_____
b. Femur.....	1	_____
c. Wrist.....	1	_____
d. Spine (also collapse)	1	_____
e. Other location	1	_____

13. Did you ever experience transitory weakness, or impairment of speech or sight, or loss of memory?

Yes	1
No	2

14. Did you ever hit your head so seriously that you became unconscious?

No, never.....0
Once..... 1
Twice2
Three times or more3

15. Did you ever hit your head so seriously that you had nausea or threw up afterwards - but without becoming unconscious?

No, never..... 0
Once..... 1
Twice 2
Three times or more 3

16. Have you had a cough at least 3 months per year within the last 2 years?

Yes, during the last 2 years or more..... 1
Yes, only during the last year.....2
No3

17. Have you had a cough with expectorate at least 3 months per year within the last 2 years?

Yes, during the last 2 years or more..... 1
Yes, only during the last year.....2
No3

18 Do you occasionally wake up in the night or early in the morning because you cough?

Yes, at least once a week 1
Yes, at least once a month2
Yes, at least once a year3
No4

19 Have you ever had a wheezy breathing without having a cold?

Yes, at least once a week 1

Yes, at least once a month..... 2

Yes, at least once a year 3

No 4

20. Have you ever had a wheezy breathing and being short of breath?

Yes, at least once a week 1

Yes, at least once a month..... 2

Yes, at least once a year 3

No 4

21. Does any of the following make you cough or give you a wheezy breathing?

(One ring in every line)

	Yes, cough	Yes, wheezy breathing	No
a. Coldness	1	2	3
b. Smoke	1	2	3
c. Strain (e.g. climbing stairs, gardening)	1	2	3
d. Other things	1	2	3

If other things, what: _____

22. Have you had other diseases than the ones that we already discussed?

Yes 1

No 2 Go to Qu.24

23. If yes, which diseases?

a.

b.

c.

d.

e.

24. Within the last month, did you suffer from:

(One ring in every line)

	Yes	No
a. Dizziness	1	2
b. Fainting fits	1	2
c. Pains or stiffness in neck or shoulder	1	2
d. Back pains, lumbago	1	2

Text 3: I would like to make a list of all the medicine you take on a regular basis, such as medicine on prescription, without prescription, and natural medicine.

25. Name of medication?	Why do you take the medicine?	Indication: Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Filter 2: If the respondent is a woman.....1 Go to Qu. 30
If the respondent is a man.....2 Go to Qu. 26

Text 4: Now I want to ask if you a few questions about urination. The questions concern the last month. (Male respondedents).

26. How often have you had to get up during the night in order to urinate?

- Not at all..... 1
 Once every 8 hours 2
 Once every 4 hours 3
 Once every 2 hours 4
 At least once every hour..... 5
 Am catheterized 6
 Use diapers 7
-

27. Did you ever receive hormone therapy due to diseases in the prostate?

- Yes 1
 No 2
-

28. Did you ever undergo an operation in the prostate?

- Yes 1
 No 2 Go to question 36
-

29. At what hospital and when?

Year:_____

Hospital:_____

Go to question 36

Text 5: I will now ask you some questions about your periods and urination. (Female respondents).

30. At what age did you experience menopause?

Age: _____

31. Did you receive hormone therapy in connection with your menopause?

Yes 1

No 2

32. Did you receive hormone therapy in other connections (e.g. for the prevention of osteoporosis)?

Yes 1

No 2

33. Have you had your uterus and/or ovaries removed?

Yes 1

No 2

33a. If Yes:, at what hospital and when:

Year:_____

Hospital:_____

Text 6: Many women are finding it hard to restrain themselves from urination. The following questions are about this problem. The questions about urination concern the last month. (Female respondents).

34. During the last month did you experience a slight leakage of urine when exerting yourself, e.g. when coughing, lifting, sneezing or laughing?

-
- No 1
Yes, once 2
Yes, several times 3
Don't know 8

34a. If "Yes, several times": How often?

- Less than once a week..... 1
One or several times a week, but not daily 2
Daily..... 3

35. During the last month did you experience such a strong urge to urinate that you had difficulty in reaching the toilet in time?

- No 1
Yes, once 2
Yes, several times 3
Don't know 8

35a. If "Yes, several times":

- Less than once a week..... 1
One or several times a week, but not daily 2
Daily..... 3
-

36. Are you able to go to the toilet?

- Yes 1
Yes, with aids 2
Yes, with personal assistance 3
No 4 Go to question 37

36a. Do you get tired?

- Yes 1
No 2

37. What is your body weight?

kg: _____

37a. Is the weight:

- According to IP 1
Estimated by interviewer/proxy 2

Filter 3: If the respondent was interviewed 2 years ago

Go to question 44

If the respondent was not interviewed 2 years ago

Go to question 37b

37b. How much did you weigh approximately at the age of 25?

kg: _____

If the respondent does not remember, then ask:

- Was it: More than now 1
Less than now 2
The same 3
Don't know 8

**37c. What was your maximum body weight ever?
(not including pregnancy)**

kg: _____

38. Are you right- or left-handed?

Right-handed 1

Left-handed 2

Right- and left-handed 3

39. How tall are you?

Cm: _____

39a. Is the height?

According to IP 1

Estimated by interviewer/proxy 2

Text 7: I would like to ask you some questions about your family.

40. For how many years did you and your twin live together?
(From birth until you moved away from each other for the first time)

Years: _____

41. For how many years did you and your twin live together?
(All the periods that you lived together)

Years: _____

44. Who had the highest birth weight?

The respondent..... 1
Twin2
Same weight..... 3
Don't know 8

43. How much did you weigh at birth?

Grams
Don't know 8888

43a. How much did your twin brother/sister weigh at birth?

Grams
Don't know 8888

43b. Who was born first?

Respondent..... 1
Twin2
Don't know 8

44. Is your twin alive?

Yes 1 Go to question 47
No 2

If yes:

44a. How do you consider your health compared to the health of your twin?

Better..... 1
The same 2
Poorer 3

45. How often do you meet your twin?

- Never 1
- Seldom 2
- Monthly (once or twice a month)..... 3
- 1-2 times a week 4
- 3-4 times a week 5
- Daily 6
- More than once daily..... 7
- Live together 8
-

46. How often do you talk with your twin on the phone?

- Never 1
- Seldom 2
- Monthly (once or twice a month)..... 3
- 1-2 times a week 4
- 3-4 times a week 5
- Daily 6
- More than once daily..... 7
- Live together 8
-

Go to question 49

47. Did your twin die within the last 2 years?

- Yes 1
- No 2 Go to question 49

**47a. How was your twin brother/sister one year before he/she died -
Did he/she need help:**

(one circle per question)

- | | Yes | No | Don't know |
|--------------------------|-----|----|------------|
| a. To walk 1 | 1 | 2 | 8 |
| b. To take a bath..... 1 | 1 | 2 | 8 |
| c. To dress 1 | 1 | 2 | 8 |
| d. To eat..... 1 | 1 | 2 | 8 |
-

48. Did your twin brother/sister live in a nursing home or sheltered housing a year before he/she died?

Yes 1
No 2
Don't know 8

48a. Was your twin brother/sister senile or demented a year before he/she died?

Yes, to a high degree 1
Yes, to some degree 2
Yes, to a slight degree 3
No 4
Don't know 8

48b. Did your twin brother/sister ever suffer from a serious depression of long duration?

Yes 1
No 2

[illegible]

50. What age did your mother reach?..... years

Still living, born in year of birth

50a. What age did your father reach?... years

Still living, born in year of birth

51. Who was the breadwinner of the family for the major part of your childhood?

Respondent's father..... 1

Respondent's mother..... 2

Respondent's stepfather 3

Respondent's stepmother 4

Respondent lived in an institution..... 5 Go to filter 4

Other person 6

52. What type of school education did the breadwinner receive?

(Education which has been finished)

Less than 7th grade 1

7th - 8th grade 2

9th - 10th grade 3

11th grade or above..... 4

Other types 5

Don't know 8

53. Did the breadwinner receive any vocational education?

- None1
- Course for semi-skilled workers2
- Training as an apprentice3
- Short theoretic education of less than 3 years4
- Further theoretic education, 3-4 years5
- Academic or similar education of more than 4 years...6
- Other education7

If “Other education”, which:

54. What was the breadwinner’s occupation during the major part of your childhood? (Till you were 16 years old)
(E.g. primary school teacher, plate smith, shop assistant, farmer)

55. Was the breadwinner publicly or privately employed for the major part of your childhood?

- Publicly employed.....1
- Privately employed2

56. How many subordinates/employees did the breadwinner have in that employment?

Number: _____

(This is not a test. The respondent may seek help)

Number of adopted children _____

*Filter 5: If the respondent has any biological
or adopted children 1 Go to question 58
If the respondent does not have any children..... 2 Go to question 61*

58a. Let us take your oldest adopted child:

Has no adopted children1 Go to question 59

Boy	Sex?		Year of birth	Alive?		Year of death
	Girl			Yes	No	
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__

59. Did you breastfeed any of your children?

Yes1

No2 Go to question 60

Have no children3 Go to question 61

Have only adopted children4 Go to question 60

The respondent is a man.....5 Go to question 60

If “Yes”:**59a. What is the total amount of time you have been breastfeeding your children?**
(The nursing periods of all children put together)

Number of years: and/or number of months:

60. How often do you meet your children?

Never	1
Seldom	2
Monthly	3
Weekly	4
Daily	5
More than once a day	6
Do not have any children	7

61. How often do you meet your family?

(Apart from your children or twin)

Never	1
Seldom	2
Monthly	3
Weekly	4
Daily	5
More than once a day	6

62. The following questions concern your self-perception. To what extent do you think the statements below describe your personality? You must choose whether a statement describes you very well, well, fairly well, poorly or not at all.

(One ring in every line)

	Very well	Well	Fairly well	Poorly	Not at all
a. I always consider the consequences before doing anything...	1	2	3	4	5
b. I try to do my best in all I do...	1	2	3	4	5
c. I have a lot of self-discipline...	1	2	3	4	5
d. If I set my mind to something, I go through with it...	1	2	3	4	5
e. I like to maintain order, so that I know exactly where my things are...	1	2	3	4	5
f. I keep myself well-informed and normally make well-considered decisions	1	2	3	4	5

62a. We should very much like to know how you know which things are important to you and how you achieve what you want in life.

In the following we will give examples of two different ways to act. Please try to imagine that two people discuss how they would act in a given situation. We will ask you to consider which person comes closest to act like you would have acted.

62a.1 Person A: I have committed myself to one or two goals, which are important for me to reach 1

Person B: Even when I really consider what I want in life, I don't commit myself to definite goals - I wait and see what happens..... 2

62a.2 Person A: When things don't go as I expected, I still try to achieve all my goals..... 1

Person B: When things don't go as I expected, I try to achieve one or two important goals2

62a.3 Person A: Even if something matters to me, I find it difficult to put my mind to it..... 1

Person B: If something matters to me, I put all my energy into it 2

62a.4 Person A: When it becomes harder for me to get the same results as I used to, I keep trying harder to achieve them..... 1

Person B: When it becomes harder for me to get the same results as I used to, it is time to let go of that expectation..... 2

63. Now I want to ask you what fruit and vegetables you had YESTERDAY. We are thinking of fresh fruit and vegetables, as well as frozen or tinned fruit and vegetables; e.g. carrots, frozen peas, tinned tomatoes, lettuce, raw food, apples, etc.

(Don't write down potatoes, rice and bread)

64. Did you drink any juice yesterday?

Yes 1

No 2

If "Yes":

What kind: **Number of glasses:** _____

What kind: **Number of glasses:** _____

What kind: **Number of glasses:** _____

Text 8: **Now, I am going to ask you to perform some small tests.**
You may think that they are difficult, or you may think they are very simple.

65.

(one circle per question)

Right Wrong

- | | | |
|---|----------|----------|
| a. What day of the week is it today..... | 1 | 2 |
| b. What date is it today..... | 1 | 2 |
| c. What is the name of this month..... | 1 | 2 |
| d. What year do we have | 1 | 2 |
| e. What season is it..... | 1 | 2 |

March = Winter or Spring
 September = Summer or Autumn

May = Spring or Summer
 November = Autumn or Winter

66.

(one circle per question)

Right Wrong

- | | | |
|---|----------|----------|
| a. What is the name of this county | 1 | 2 |
| b. What is the name of this city/town/village..... | 1 | 2 |
| c. What is the name of the two closest and biggest streets | 1 | 2 |
| d. What floor are we on now | 1 | 2 |
| e. What is the name of this place | | |
| What is the address..... | 1 | 2 |
-

- 67. I will now mention three objects. When I have mentioned all three, I will ask you to repeat them.**

Mention the following three objects slowly - 1 second per object:

Apple (In Danish: Æble)
Table (In Danish: Bord)
Bicycle (In Danish: Cykel)

Then ask the respondent to repeat

Note the number of correct answers in the first attempt: _____

If failures or faults occur in first attempt, you must repeat the names of all objects, until the respondent is able to mention all three objects (5 attempts at maximum).

-
- 68. I will ask you to deduct 7 from 100. Then you must deduct 7 from the number you arrived at and continue to deduct 7 until you are asked to stop.**

The correct answer is: 93, 86, 79, 72, 65

If the respondent says: "I cannot calculate", say:

I will ask you to spell "SCHOOL" backwards. (5 letters in Danish: SKOLE)

*Give 1 point each time the answer is correct, even if a former answer was wrong.
By spelling: 1 point for each letter placed correctly.*

Points: _____

69. Please repeat the three words that I asked you to repeat a little while ago.

(Interviewer: Apple, Table, Bicycle)

Give 1 point for every correct answer: _____

70. I am going to show you some things and ask you to tell me what they are:

(Interviewer: Point at a pencil and a watch. Then ask what it is while pointing)

Give 1 point for every correct answer: _____

71. I will now ask you to repeat the following sentence:

(Interviewer read: "No one above, below or next to me".

(1 point, if repeated in the first attempt or 0 if not repeated correctly)

Points: _____

72. I will now give you a piece of paper. You must take the paper using your right hand, fold it in the middle using both hands, and place the paper in your lap.

(Interviewer: Hand out the paper towards the midline of the respondent.

Do not repeat the instructions and do not offer any help.

Note every movement as correct, if it is made in the correct order. Give one point for every correct movement).

Take the paper using right hand

Fold with both hands

Place the paper in your lap

Number of correct movements: _____

73.

(Interviewer: Ask the respondent to read card A and do what it says.)

1 point, if done correctly: _____

(0 point, if the respondent cannot do it)

74.

(Interviewer: Ask the respondent to write a sentence according to his/her own choice. (The sentence must contain a subject and a verb and make sense. Spelling errors and grammar are to be ignored).

1 point, if the sentence makes sense: _____

(0 point, if the sentence does not make sense)

75.

(Interviewer: Ask the respondent to draw the figure on Card B).

1 point, if all the sides and angles are correct, and if the figure in the middle is a quadrangle: _____

(0 point, if not)

76. Could you please mention as many animals as you can recall. You will get one minute to mention as many as you can. Please start.

Number of correct answers: _____

**77. I am going to read some numbers aloud.
Listen carefully, and when I am through say them right after me.**

Interviewer:

Say the digits in the 1st test (5-8-2) at the rate of one per second. Let the respondent try to repeat. Then say the digits in 2th test (6-9-4) og let the respondent try to repeat.

If the respondent passes both tests the score is 2 points. If the respondent passes only one test the score is 1 point. If the respondent fails both tests the score is 0 point .

Only make one try per test. The order of the numbers must be correct.

Continue in the same way with test 2 through 7.

Discontinue after failure on both tests of any item

Item	Test 1.	Test 2.	Score
1.	5-8-2	6-9-4	_____
2.	6-4-3-9	7-2-8-6	_____
3.	4-2-7-3-1	7-5-8-3-6	_____
4.	6-1-9-4-7-3	3-9-2-4-8-7	_____
5.	5-9-1-7-4-2-8	4-1-7-9-2-8-6	_____
6.	5-8-1-9-2-6-4-7	3-8-2-9-5-1-7-4	_____
7.	2-7-5-8-6-2-5-8-4	7-1-3-9-4-2-5-6-8	_____

78. Now, I am going to say some more numbers. But this time I want you to say them backwards. For example, if I say 7-1-9, what would you say?

Interviewer:

If the respondent answers correctly (9-1-7), say "That's right", and go to the 7 tests which are of different degrees of difficulty.

However, if the respondent fails the example, say: "No, I said 7-1-9, so you would say 9-1-7". Now, try these numbers: 3-4-8 and remember, you are to say them backwards.

Whether the respondent succeeds or fails with the second example, go to the 7 examples. If the respondent passes both tests in an item, the score is 2 points, if the respondent succeeds only with 1 item, the score is 1 point and if the respondent fails both, the score is 0 points. The order must be the correct one.

Discontinue after failure on both tests of any item

Item	Test 1	Test 2	Score
1.	2-4	5-8.....	_____
2.	6-2-9	4-1-5	_____
3.	3-2-7-9	4-9-6-8	_____
4.	1-5-2-8-6	6-1-8-4-3.....	_____
5.	5-3-9-4-1-8	7-2-4-8-5-6 ..	_____
6.	8-1-2-9-3-6-5	4-7-3-9-1-2-8	_____
7.	9-4-3-7-6-2-5-8	7-2-8-1-9-6-5-3	_____

79. In this test I will ask you to replace symbols with numbers.

Please take a look at the card. You may notice that every box has a number at the bottom, and a symbol at the top. Every number between 1 and 9 has its own symbol.

In this test I will only show you the symbols at the top of each box and ask you to tell me the number which belongs to each symbol.

Now I will ask you to tell me the numbers in the rest of the rows. Try to do it without skipping any of the boxes.

Interviewer: Show the test card. Go over the first three symbols and make sure that the respondent understands why these match the number 7, 8, and 4.

If the respondent makes a mistake, you must tell him the right answer.

Give 1 point for every right answer.

Correct answers to missing boxes	6	3	4	2
Respondent gives the right answer	1	1	1	1
Respondent gives the wrong answer	2	2	2	2
Not carried out	3	3	3	3

If the respondent achieves 0 points go to Qu. 81

-
80. On this page there are 5 rows of boxes. In every row there is a symbol while the bottom ends of the boxes are empty. I will ask you to start with the first row and tell me what number belongs to what symbol, like you did a moment ago. Try to take them in the right order and without skipping any boxes. Start with the first row. When you have completed a row, please tell me that and go on with the next row. Try to carry out the test as quickly as possible. Do you have any questions before we start?

*To the interviewer: Interrupt the respondent after **45 seconds**. Write down if you were interrupted by the phone, knockings on the door, etc. Go on with p. 2, and follow the same procedure.*

You may stop now. I have another sheet with similar exercises.

Before we start, do you have any questions?

Page 1:

Row A:	2	1	3	1	2	3	1	4	2	6	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row B:	7	4	6	9	2	5	8	4	7	6	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row C:	1	8	2	9	7	6	2	5	4	7	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row D:	3	7	5	1	4	9	1	5	8	7	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row E:	7	1	9	4	3	6	2	7	9	3	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Total points (0-50):

Was the test interrupted?

Yes 1

No 2

If the respondent achieves 0 points go to Qu. 81.

Page 2:

Row A:	2	1	4	6	3	5	2	1	3	4	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row B:	3	1	2	5	1	3	1	5	4	2	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row C:	1	8	7	5	4	8	6	9	4	3	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row D:	3	6	8	5	9	4	1	6	8	9	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Row E:	6	9	7	8	2	4	8	3	5	6	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	_____
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Total points (0-50):

Was the test interrupted?

Yes 1

No 2

- 81. I will read 12 words to you. Afterwards, you must try to mention as many of the words as you can recall.**

COLOUR

HOUSE

RIVER

HEN

NOSE

GARDENER

HAT

SCHOOL

FIELD

PARENTS

COFFEE

BELL

Give 1 point for every recalled word (the order is irrelevant)

Words: _____ points

Now I will read the words once more, and in approximately 10 minutes I will ask you how many words that you can recall.

82.

Interviewer:

82a. Was it possible to carry out the tests with the respondent?

Yes, completely..... 1 Go to question 82c.

Yes, partly 2

No 3

82b. Why was it not possible to carry out some of the tests?

Visually impaired..... 1

Hearing impaired..... 2

Paralyzed 3

Speech impaired..... 4

Will not 5

Other reason 6

Remarks: _____

82c. Was the respondent nervous or worried about carrying out the tests?

Not at all..... 1

A little 2

Rather much 3

So much that it restrained the respondent
or made the respondent stop the test 4

Text 9: I will ask you additional questions about your ability to perform daily activities.
You must answer the questions on the basis of your abilities today.

83. Ordinarily, do you use any of the following aids?

(One ring in every line)

	Yes	No
a. Glasses/contact lenses	1	2
b. Magnifying glass	1	2
c. Cane	1	2
d. Crutches.....	1	2
e. Walker/walkingaid	1	2
f. Wheel chair	1	2
g. Bath chair	1	2
h. Elevated toilet seat	1	2
i. Railing/bannister	1	2
j. Handle/handgrip	1	2
k. Balkony frame/beam	1	2
l. Special eating utensils.....	1	2
m. Other	1	2
o. Diaper	1	2
p. Catheter	1	2

If other, what:

84. Can you get up from a chair and a bed?

- Yes 1
Yes, with aids 2
Yes, with personal help 3
No 4 Go to question 85

84a. Do you get tired by doing that?

- Yes 1
No 2
-

85. Are you able to walk around in the house?

- Yes 1
Yes, with aids 2
Yes, with personal help 3
No 4 Go to question 97

85a. Do you get tired by doing that?

- Yes 1
No 2
-

86. Are you able to walk up and down the stairs from one floor to the next without resting?

- Yes, without difficulty 1
Yes, with minor difficulty 2
Yes, with major difficulty 3
No 4 Go to question 88
-

87. Are you able to walk up the stairs to the 2nd floor?

- Yes 1
Yes, with aids 2
Yes, with personal help 3
No 4 Go to question 88

87a. Do you get tired by doing that?

- Yes 1
No 2
-

88. Are you able to get outdoors e.g. in the garden?

- Yes 1
Yes, with aids 2
Yes, with personal help 3
No 4 Go to question 97

88a. Do you get tired by doing that?

- Yes 1
No 2
-

89. Are you able to walk 400 m without resting?

- Yes, without difficulty 1
Yes, with minor difficulty 2
Yes, with major difficulty 3
No 4
-

90. How far can you walk without resting?

- Cannot walk 1 Go to question 97
- A few steps.....2 Go to question 97
- 10-100 metres.....3
- 100-500 metres.....4
- 0.5-1 km5
- 1-5 km.6
- More than 5 kilometres7
-

91. Do you do any kind of light exercise at present (e.g. gardening, short walks or bicycle rides)?

- Yes 1
- No2 Go to question 93

91a. How often?

- Every day or almost every day..... 1
- Several times a week.....2
- Approx. once a week.....3
- 2-3 times a month.....4
- Approx. once a month.....5
-

92. Do you do any kind of hard exercise (e.g. heavy gardening, long walks or bicycle rides, sports, gymnastics or dances?)

- Yes 1
- No2 Go to question 93

92a. How often?

- Every day or almost every day..... 1
- Several times a week.....2
- Approx. once a week.....3
- Approx. 2-3 times a month4
- Approx. once a month.....5
-

93. Can you go for an outdoors walk in fine weather for 1/2 to 1 hour?

-
- Yes 1
- Yes, with aids 2
- Yes, with personal help 3
- No 4 Go to question 96

93a. Do you get tired by doing that?

- Yes 1
- No 2
-

94. Can you go for a walk in bad weather for 1/2 to 1 hour?

- Yes 1
- Yes, with aids 2
- Yes, with personal help 3
- No 4 Go to question 96

94a. Do you get tired by doing that?

- Yes 1
- No 2
-

95. Have you run 100 meters within the last year?

- Yes 1
- No 2

95a. How far can you run without resting?

- Cannot run 1
- A few steps 2
- Less than 00 metres 3
- 100-500 metres 4
- 0.5-1 km 5
- 1-5 km. 6
- More than 5 kilometres 7
-

96. Have you cycled more than 100 metres or more within the last year?

- Yes 1
- No 2

96a. How far can you ride on your bicycle without resting?

Cannot cycle.....	1
Less than 0.5 km.	2
0.5-1 km	5
1-5 km.	6
5-10 km.	6
More than 10 kilometres	7

97. How do you judge your physical form compared to that of your contemporaries?

a. Condition (ability to exercise without losing your breath)

Better	1
The same	2
Poorer	3

b. Muscular strength

Better	1
The same	2
Poorer	3

98. How do you judge your physical form compared to that of your twin?

a. Condition (ability to exercise without loosing your breath)

Better	1
The same	2
Poorer	3
Twin dead	4

b. Muscular strength

Better	1
The same	2
Poorer	3
Twin dead	4

99. **Can you carry 5 kilos? (such as a heavy bag of groceries)**

Yes, without difficulty	1
Yes, with minor difficulty	2
Yes, with major difficulty	3
No	4

100. **How many of your own teeth have you got left?**

None	0
1-9	1
10-19	2
20 or more	3
All teeth.....	4

101. **Can you read an ordinary newspaper text?**
(with glasses, if they are usually worn)

Yes, without difficulty	1
Yes, with minor difficulty	2
Yes, with major difficulty	3
No	4

102. Do you have a reduced hearing ability?

- Yes 1
- No 2 Go to question 102c

102a. Do you have a hearing aid?

- Yes 1
- No 2 Go to question 102c

102b. Do you use the hearing aid?

- Yes, always 1
- Yes, often 2
- Yes, now and then 3
- No 4

102c. Are you able to follow a normal conversation between 3 or more persons?
(With hearing aid, if used)

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4

103. Except for your old age pension do you have any other income?

- Yes 1
- No 2
-

Text 10 I am now going to ask you about your personal conditions such as education and marriage.

Filter 6: If the respondent was interviewed 2 years ago 1 Go to question 108
If the respondent was not interviewed 2 years ago 2 Go to question 104.

104. What type of elementary school education did you receive?

- Less than 7th grade 1
- 7th - 8th grade..... 2
- 9th - 10th grade 3
- 11th grade or above 4
- Other types 5

If other types, which: _____

105. Did you get any education after elementary school?

- None..... 1
- Course for semi-skilled workers 2
- Training as an apprentice 3
- Short theoretic education of less than 3 years..... 4
- Further theoretic education of 3-4 years..... 5
- Academic or similar education
education (more than 4 years) 6
- Other education 7

If other types, which: _____

Filter 7: If the respondent was born before 1920 1 Go to question 117.
If the respondent was born in 1920 or after 2 Go to question 113.

109. What type of elementary school education did your spouse receive?

- Less than 7th grade1
7th - 8th grade..... 2
9th - 10th grade 3
11th grade or above 4
Other types 5

If other types, which:

110. Did your spouse get any education after elementary school?

- None..... 1
Course for semi-skilled workers2
Training as an apprentice3
Short theoretic education of less than 3 years.....4
Further theoretic education of 3-4 years.....5
Academic or similar education
education (more than 4 years)6
Other education7

If other types, which:

111. What type of job did your spouse have during the longest period of his/her working life?

112. How many subordinates did your spouse have when he/she stopped working?

Number of subordinates: _____

113. Have you lost any close relatives or close friends during the last 5 years?

- Yes 1
No2

113a. Whom did you lose?

	Yes	No
a. Spouse/cohabitant.....	1	2
b. Child/children	1	2
c. Your twin.....	1	2
d. Brothers/sisters	1	2
e. Other relatives	1	2
f. Close friend(s).....	1	2

Text 11: The next questions concern the last month.

114. How often did you spend a whole day alone?
(i.e., the respondent lives alone and did not have contact
with other people - shopping does not count)

Every day or almost every day
(5-7 days per week) 1

At least once a week (1-4 days per week) 2

Less than once a week 3

Not at all..... 4

Don't know 8

115. How often did you leave home?
(i.e., leave the house and the garden to take a walk, shop, or visit somebody
etc.)

Every day or almost every day
(5-7 days per week) 1

At least once per week (1-4 days per week) 2

Less than once a week 3

Not at all..... 4

Don't know 8

116. How often did you meet friends or family?

Every day or almost every day
(5-7 days per week) 1

At least once per week (1-4 days per week) 2

Less than once a week 3

Not at all..... 4

Don't know 8

117. How often did you speak on the telephone with friends and family?
(Other than those with whom the respondent lives)

Every day or almost every day
(5-7 days per week) 1

At least once per week (1-4 days per week) 2

Less than once a week 3

Not at all..... 4

Don't know 8

118. How often did you participate in a party or a get-together?

Every day or almost every day
(5-7 days per week) 1

At least once per week (1-4 days per week) 2

Less than once a week 3

Not at all..... 4

Don't know 8

119. How often did you participate in an outing, go to the theatre or the cinema or other events?

Every day or almost every day
(5-7 days per week) 1

At least once per week (1-4 days per week) 2

Less than once a week 3

Not at all..... 4

Don't know 8

120. How often did you read a newspaper, a weekly magazine or a book, alternatively a book or newspaper on tape?

Every day or almost every day
(5-7 days per week) 1

At least once per week (1-4 days per week) 2

Less than once a week 3

Not at all..... 4

Don't know 8

121. How often did you engage in a hobby such as needlework, wood-carving or the like?

Every day or almost every day (5-7 days per week)	1
At least once per week (1-4 days per week)	2
Less than once a week	3
Not at all.....	4
Don't know	8

122. On a normal day how many hours of television did you watch?
(Actively watching television - not just having the television on while the respondent did other things)

Less than 1 hour.....	1
1 - 3 hours	2
4 - 6 hours	3
More than 6 hours.....	4
Don't know	8

123. If you got ill and needed help for practical problems, could you then expect to get help from family or friends?

Yes, definitely	1
Yes, perhaps	2
No	3

124. If you got sad, sorry or worried, could you then expect to get help and support from friends or family?

Yes, definitely	1
Yes, perhaps	2
No	3

125. How often are you visited by a visiting nurse?

- Live at nursing home..... 1
- Daily..... 2
- 2 - 3 times a week 3
- Weekly 4
- More seldom 5
- Never 6
-

126. How often are you visited by a home care assistant?

- Live at nursing home..... 1
- Daily..... 2
- 2 - 3 times a week 3
- Weekly 4
- More seldom 5
- Never..... 6

126a. How often do you get private cleaning assistance?

- Live at nursing home..... 1
- Daily..... 2
- 2 - 3 times a week 3
- Weekly 4
- More seldom 5
- Never..... 6
-

135. Do you have a calling device?

- Yes, on body 1
- Yes, in home 2
- No 3
-

128. I will now ask you to recall as many of those 12 words that we talked about earlier on.

(Do not read the words aloud)

COLOUR

HOUSE

RIVER

HEN

NOSE

GARDENER

HAT

SCHOOL

FIELD

PARENTS

COFFEE

BELL

(Interviewer:

Give one point for each word remembered, regardless of the order.)

Points: _____

Text 12: I will now ask you to perform some small exercises

129. In the first exercise I will ask you to rise from your chair five times in a row without making any pauses, and as quickly as you can. Keep your arms folded across your chest. I will measure the time you take by using a stop watch. Please don't start till I tell you to.

- | | |
|---|--|
| 1. Pulse at start, number of beats per 30 seconds | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. Number of seconds used to perform the test | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> |
| 3. Puls at stop, number of beats per 30 seconds | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

(Stop the test after 60 seconds)

129a. Was the respondent able to complete the test?

- Yes 1
- No, not at all2
- No, had to stop after 1-4 attempts.....3
- Number of completed tests _____

129b The test had to be stopped, because:

- The respondent used more than one minute..... 1
- The respondent used his/her arms2
- The interviewer felt the situation to be unsafe3
- The respondent did not understand the instructions.4
- The respondent did not want to participate5
- Other reason.....6
- If other reason, which: _____
-

130. The next exercise will test your lung function. Take a deep breath, as deep as possible, and then exhale as strongly as possible into the pulmonary function monitor. Keep blowing as long as you possibly can, pressing your lips tightly round the mouth piece.

Number in the pulmonary function monitor: _____

	First test	Second test	Third test
PEF		..	_____
FEV 1		..	_____
FVC		..	_____

The test was carried out:

Standing 1

Sitting 2

The respondent accomplished the test..... 1

The respondent accomplished less
than 3 blows..... 2

The respondent did not accomplish the test3

The test was not carried out because the respondent is:

Visually impaired..... 1

Hearing impaired..... 2

Paralyzed..... 3

Cannot understand the instructions
due to missing contact..... 4

Confined to the bed 5

Will not 6

Other reason..... 7

If other reason, which: _____

130b. The next exercise will test the strength of your forearms and hands. I will ask you to squeeze the hand grip (hand dynamometer) as hard as possible.

Right hand: _____

Left hand: _____

The test was carried out:

Standing 1

Sitting 2

The respondent accomplished the test..... 1

The respondent accomplished less
than 3 squeezes 2

The respondent did not accomplish the test 3

The test was not carried out because the respondent is:

Visually impaired 1

Hearing impaired 2

Paralyzed 3

Cannot understand the instructions
due to missing contact 4

Confined to the bed 5

Will not 6

Other reason 7

If other reason, which: _____

130b. Now I will ask your permission to measure your waist.

1. measurement in cm. _____ 2. measurement in cm.

Test carried out standing 1

Test carried out sitting 2

Test not carried out 3

Text 13: In each singular cell of the body lies our genetic material. Health and sickness may be genetic. We would therefore like to ask your permission to take a sample of your cells. If you choose to participate you will take the sample yourself either by a prick in your finger or by using a cheek swab.

131. May we have such a sample?

Yes, from the finger 1

Yes, from the cheek 2

No 3

132. Have you ever been so sad that you had to consult a doctor, who told you that you were suffering from a depression?

Yes 1

No 2

133. How many times have you been depressed for more than 3 weeks?

_____ (number of times)

Text 14: Now, I will ask you about your present state of mind compared to your state of mind a half to one year ago.

134. Do you wake up early in the morning without being able to fall asleep again?

Most mornings 1
Sometimes 2
No 3

135. Do you have an extraordinarily long sleep?

Most nights 1
Some times 2
No 3

136. At the moment do you have less appetite or are you often more hungry than usual?

Yes, most of the time 1
Yes, some times 2
No 3

137. Within the last 6 months have you lost or gained weight to a substantial degree?

Yes, major change 1
Yes, some change 2
No 3

138. Do you find it more difficult to cope with things now than before?

Yes, most of the time 1
Yes, sometimes 2
No 3

139. Do you find it more difficult to make decisions than you used to?

- Yes, most of the time 1
- Yes, sometimes 2
- No 3
-

140. Have you lost pleasure or interest in doing things you usually cared about or enjoyed?

- Yes, most of the time 1
- Yes, some times 2
- No 3
-

141. Do you find you have lost energy recently and is it harder to get things done?

- Yes, most of the time 1
- Yes, sometimes 2
- No 3
-

142. Have you preferred to be more on your own recently?

- Yes, most of the time 1
- Yes, some times 2
- No 3
-

143. Do you find it more difficult to concentrate than usual?

- Yes, most of the time 1
- Yes, some times 2
- No 3
-

144. Do you speak more slowly than usual?

- Yes, most of the time 1
- Yes, some times 2
- No 3
-

145. Do you feel that you think more slowly than usual?

- Yes, most of the time 1
- Yes, some times 2

No3

146. How often do you feel happy?

Most of the time 1

Some times2

Never or hardly ever3

147. Have you felt lonely lately?

Yes, most of the time 1

Yes, some times2

No3

148. Do you feel tense and do you worry more than usual about matters of minor importance?

Yes, most of the time 1

Yes, some times2

No3

149. Do you consider yourself a nervous person?

Yes 1

No2

150. Do you at the moment feel sad, depressed or miserable?

Yes, most of the time 1

Yes, some times2

No3

151. Do you feel worthless, or do you blame yourself for mistakes that you have made a long time ago?

- Yes, most of the time 1
Yes, sometimes 2
No 3
-

152. How do you feel about your own future?

- Are you optimistic 1
Are you neutral..... 2
Are you pessimistic..... 3
-

153. Do you sometimes feel that life is not worth living?

- Yes 1
No 2
-

Text 15: I am now going to ask you about your habits.

154. Do you ever drink any kind of alcohol?

- Yes 1
No 2 Go to question 156
Did never drink alcohol..... 3 Go to question 158
-

155. How many beers do you drink per week?

- Less than 1 1
1-5 2
6-10 3
11-20 4
More than 20 5

155a. How many glasses of strong alcohol do you drink per week?

Less than 1 1
1-5 2
6-10 3
11-20 4
More than 20 5

155b. How many glasses of redwine do you drink per week?

Less than 1 1
1-5 2
6-10 3
11-20 4
More than 20 5

155c. How many glasses of whitewine do you drink per week?

Less than 1 1
1-5 2
6-10 3
11-20 4
More than 20 5

155d. For how many years did you drink wine regularly?

Years: _____

156. How is your present consumption of alcohol compared to your previous consumption?

Larger than before 1
The same now as earlier on 2
Less now than earlier on 3

157. Have you ever had a daily alcohol consumption of more than 3 drinks on average for a longer period?

Yes 1

No 2 Go to question 158

157a. For how long a period did your daily alcohol consumption exceed 3 drinks?

Months: _____ Years: _____

157b. How many drinks did you then have on average per week?Drinks per week: _____

158. Do you smoke?Yes, more than 1 cigarette, cheroot or 1 pipe
of tobacco a day 1 Go to question 160Yes, but less than 1 cigarette, cheroot or
1 pipe of tobacco a day. 2 Go to question 160No 3

159. Being a non-smoker, have you smoked previously?Yes, more than 1 cigarette, cheroot
or 1 pipe of tobacco a day 1Yes, but less than 1 cigarette, cheroot
or 1 pipe of tobacco a day 2

No 3 Go to question 164

159a. If yes:

When did you stop smoking?

Year 19 _____

160. Do you inhale now or did you inhale at the time you were smoking?

Yes 1

No 2

161. How much do you smoke or did you usually smoke a day on average?

- a. Number of filtertipped cigarettes..... _____
 - b. Number of cigarettes without filtertip _____
 - c. Number of cheroots _____
 - d. Number of cigars..... _____
 - e. Tobacco (how many pipes a day) _____
-

162. What is the greatest amount of tobacco that you have smoked daily on average in one year?

- a. Number of filtertipped cigarettes..... _____
 - b. Number of cigarettes without filtertip _____
 - c. Number of cheroots _____
 - d. Number of cigars..... _____
 - e. Tobacco (number of pipes a day) _____
-

163. How many years have you smoked on a regular basis?

Years: _____

**164. Finally, I want to thank you for participating in the investigation.
May we contact you again in the future?**

Yes 1

No 2

For the interviewer

165. Did the respondent show any sign of confusion at any time during the interview, such as difficulty in remembering dates, places or other things?

Yes 1

No 2

If yes, how:

166. What is the housing situation of the respondent?

House including town house 1

Apartment..... 2

Special dwelling for elderly people 3

Nursing home 4

Other type..... 5

If other type, what:

167. Is the respondent so severely handicapped that it was difficult to make the interview?

	Yes	No
a. Hearing impaired.....	1	2
b. Visually impaired.....	1	2
c. Speech impaired	1	2
d. Paralyzed	1	2
e. Amputation.....	1	2
f. Shaky hands.....	1	2
g. Dementia/senility	1	2
h. Other kinds of handicap	1	2

If other kinds, what:

168. With whom was the interview made?

IP alone	1	Go to question 169
IP and proxy, but IP alone answered.....	2	
IP and proxy, and proxy interfered	2	

168a. How is the proxy related to the respondent?

Spouse	01
Child.....	02
Grandchild.....	03
Brother/sister	04
Other relatives	05
Nursing staff.....	06
Home care assistant.....	07
Friend/aquaintance	08
Other.....	09

168b. How often does the proxy meet the respondent?

Daily	1
Weekly	2
Monthly.....	3
More seldom	4

169. Was the interview:

Easy to perform.....	1
Sometimes difficult	2
Difficult to perform.....	3
